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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09833053

| CLAIMS AS FILED - PART I (Column 1)                            |   |   |                |                                  |              | SMALL ENTITY (Column 2) TYPE |            |                     | YTITY                  | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
|--|---|---|----------------|----------------------------------|--------------|------------------------------|------------|---------------------|------------------------|-------------------------------|---------------------|------------------------|
| TOTAL CLAIMS 20  |   |   |                |                                  |              |                              | 1          | RATE FEE            |                        | <b>1</b>                      | RATE                | FEE                    |
| FOR  |   |   | NUMBER FILED   |                                  | NUMBER EXTRA |                              |            | BASIC FEE           | 355.00                 | OR                            | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |   |   | 20 minus 20=   |                                  | . 0          |                              |            | X\$ 9=              |                        | OR                            | X\$18=              | 0                      |
| INDEPENDENT CLAIMS   |   |   | _3 minus 3 =   |                                  | . 0          |                              |            | X40=                |                        | 1                             | X80=                | 3                      |
| MULTIPLE DEPENDENT CLAIM PRESENT                               |   |   |                |                                  |              |                              |            |                     |                        | OR                            |                     | 9                      |
| * If the difference in column 1 is less than zero, enter "0" i |   |   |                |                                  |              | olumn 2                      |            | +135=               |                        | OR                            | +270=               |                        |
| CLAIMS AS AMENDED - PART II                                    |   |   |                |                                  |              |                              |            | TOTAL               | <u> </u>               | OR                            | TOTAL               | 710                    |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST                |   |   |                |                                  |              |                              |            | SMALL I             | ENTITY                 | OR                            | OTHER<br>SMALL      |                        |
| AMENDMENT A  |   | REMAINING<br>AFTER<br>AMENDMENT           |                | NUM<br>PREVIO<br>PAID            | BER<br>DUSLY | PRESENT<br>EXTRA             |            | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| 2  | Total   | . 20                                      | Minus          | 26                               | )            | =                            |            | X\$ 9=              |                        | OR                            | X\$18=              | 0                      |
| AME  | Independent   | NTATION OF MI                             | Minus          | SEARDENIT                        | 2)3          | 3   =                        |            | X40=                |                        | OR                            | X80=                | 0                      |
| <u> </u>   | 1111011111202   | NOTATION OF INT                           | JCTIFLE DE     | CIADEIAI                         | CLATIVI      |                              | ¹          | +135=               |                        | OR                            | +270=               | a                      |
|  |   |   |                |                                  |              |                              | L          | TOTAL<br>ADDIT, FEE |                        | 7                             | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)                               |   |   |                |                                  |              |                              |            |                     |                        | • .                           | ODII. FEEL          |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUM<br>PREVIC<br>PAID    | BER<br>DUSLY | PRESENT<br>EXTRA             |            | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| Š  | Total   | • 17                                      | Minus          | -2                               | ()_          | =                            |            | X\$ 9=              |                        | OR                            | X\$18=              |                        |
| AME  | Independent   | NTATION OF MI                             | Minus          | ENDENT                           |              | =                            |            | X40=                |                        | OR                            | X80=                |                        |
| L  | 11101111202   | NATION OF WIC                             | CHIPCE DEP     | ENDENT                           | CLAIM        |                              | 1          | +135=               | -                      | OR                            | +270=               |                        |
|  |   |   |                |                                  |              |                              | L          | TOTAL<br>DDIT. FEE  |                        | OR                            | TOTAL<br>ADDIT, FEE |                        |
|  |   | (Column 1)                                |                | (Colum                           |              | (Column 3)                   |            |                     |                        |                               | ADDIT: 1 CC         |                        |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUME<br>PREVIO<br>PAID I | BER<br>OUSLY | PRESENT<br>EXTRA             |            | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| ION  | Total   | •   | Minus          | **                               |              | =                            |            | X\$ 9=              |                        | OR                            | X\$18=              |                        |
| AME  | Independent   | NTATION OF MI                             | Minus          | ***                              | 01.611.6     |                              |            | X40=                |                        | OR                            | X80=                |                        |
|  | I INST PRESE  | NTATION OF MU                             | LIPLE DEF      | ENDENT                           | CLAIM        |                              | <b> </b> - | +135=               |                        |                               | +270=               |                        |
| •  | the entry in colur  | L   | +135≅<br>TOTAL |                                  | OR           | +270=                        |            |                     |                        |                               |                     |                        |
| ***  | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  TOTAL  ADDIT. FEE  ADDIT. FEE  TOTAL  ADDIT. |   |                |                                  |              |                              |            |                     |                        |                               |                     |                        |